

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION CHILD CARE DEVELOPMENT FUND GRANTS (For School Age Care Programs)

FINAL EXPENDITURE REPORT

DISTRICT NAME		SITE N	SITE NAME			
SITE ADDRESS			GRANT NAME		SCHOOL YEAR	
SITE ADDRESS			CCDF OR DISCR	ETIONARY	_	
CITY	STATE	ZIP	LI CCDF ON LI DISCH		NTY/DISTRICT CODE NUMBER	
					-	
DISTRICT CONTACT PERSON	TITLE/POS	ITION			PHONE NUMBER	
					()	
NOT-FOR-PROFIT AGENCY CONTACT PERSON (IF APPLICABLE)					PHONE NUMBER	
					()	
INSTRUCTIONS:						
Complete one form per site that received a So	chool Age Care	(SAC) g	rant. You may copy this	s form as n	nany times as needed.	
All figures must be rounded to the nearest doll						
List total SAC grant award amount for this site						
Form not completed according to directions with the completed according to directions with the complete according to directions.						
					SAC GRANT AMOUNT	
EXPENDITURE CATEGORIES					CAO GIVILLI VIIIIOGIVI	
A. Salaries & Benefits				\$		
B. Program Improvement				\$		
Travel - In State				\$		
Consultant & Professional Development				\$		
C. Materials & Supplies				\$		
D. Equipment Purchase				\$		
E. Other				\$	\$	
TOTAL SAC GRANT DOLLARS SPENT				\$	\$	
Signature of this form indicates that the school distri	ct and a not-for-	profit ag	ency, if applicable, has	complied v	vith all guidelines in expending	
the grant award and that all expenditures have bee SIGNATURE OF CONTACT PERSON	DATE		TURE OF SUPERINTENDER		DATE	
SIGNATURE OF CONTACT PERSON	JAIL 1	Joidh.				
FO				ARTMENT	USE ONLY	
PLEASE COMPLETE AND RETURN	то:				•	
Community Education Supervisor						
Department of Elementary and Secondary Education						
P.O. Box 480			_			
Jefferson City, MO 65102	6.4061					
Phone: (573) 526-3961 FAX: (573) 52	.∪~12U I					
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1	APPROVAL BOX					

MO 500-1862 (11-99)